
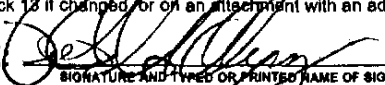


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16988 (0) 1. Corporation Name SOUTH FLORIDA CLAIMS ASSOCIATION, INC.			
Principal Place of Business C/O RONALD P. PONZOLI 3250 MARY ST., SUITE 302 MIAMI FL 33133		Mailing Address C/O RONALD P. PONZOLI 3250 MARY ST., SUITE 302 MIAMI FL 33133	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent PONZOLI, RONALD P. 3250 MARY ST. SUITE 302 MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	OLYMPIO, RICHARD G		
STREET ADDRESS	9200 W. FLAGLER ST., RM. 6510		
CITY-ST-ZIP	MIAMI FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	BERGQUIST, MARY		
STREET ADDRESS	6512 HOLLYWOOD BLVD		
CITY-ST-ZIP	HOLLYWOOD FL		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	JUNCADELLA, STEVE		
STREET ADDRESS	790 N.W. 107TH AVE., #300		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DAVIS, BOB		
STREET ADDRESS	6175 N.W. 153 ST., #101		
CITY-ST-ZIP	MIAMI LAKES FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	FARLS, JOSEPH		
STREET ADDRESS	790 N.W. 107TH AVE., #300		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FARRELL, DANIEL		
STREET ADDRESS	6175 N.W. 153 ST., #401		
CITY-ST-ZIP	MIAMI LAKES FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	OLYMPIO, RICHARD G.		
1.3 STREET ADDRESS	9200 W-FLAGLER ST RM 6510		
1.4 CITY-ST-ZIP	MIAMI FL 33174		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	BERGQUIST, MARY		
2.3 STREET ADDRESS	SAME		
2.4 CITY-ST-ZIP	SAME		
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	VARRELA, SUSAN		
3.3 STREET ADDRESS	5979 NW 151 ST #210		
3.4 CITY-ST-ZIP	MIAMI LAKES FL 33014		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	FARLS, JOSEPH		
5.3 STREET ADDRESS	7602 SW 105 AVE		
5.4 CITY-ST-ZIP	MIAMI FL 33173		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE  RICHARD G. OLYMPIO 8/28/98 305-552-3867 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (5/98)